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ABSTRACT

This learning module, which is part of a three-block series intended to help human service workers develop the skills necessary to solve the problems encountered in their daily contact with elderly clients of different cultural backgrounds, deals with communication and adjustment from the standpoint of the special cultural background of German-speaking Canadians. The first two sections deal with the effect that cultural background has on the outlook and behavior of older German-speaking adults and outline the module's general objectives. The following topics are discussed in the next four sections: verbal and nonverbal communication practices and difficulties that are especially common among German-speaking Canadians, the cultural behavior of people who must adjust to disability, the cultural behaviors surrounding reaction and adjustment to a change in living environment, and the cultural behaviors surrounding death and dying. Ways in which human services workers can help German-speaking Canadians adjust to a disability or change in living environment are described. A list of selected readings and descriptions of two pertinent films are appended. (MN)

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# BLOCK B

## Cultural Gerontology

# MODULE B.2.1

## Communication and Adjustment

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COMMUNICATION AND ADJUSTMENT

MODULE B.2.1

THE ELDERLY SERVICE WORKERS' TRAINING PROJECT WISHES TO EXPRESS APPRECIATION OF THE FOLLOWING INDIVIDUALS WHO HAVE CONTRIBUTED TO THE DEVELOPMENT OF THE "COMMUNICATION AND ADJUSTMENT" MODULE.

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TABLE OF CONTENTS

Introduction p.1
General Objectives p.2
Communication p.3
Adjustment to Disability p.8
Adjustment to Living Environment p.11
Death and Dying p.15
Ways the Worker can Facilitate Adjustment p.20
Summary p.25
Appendix p.26
Selected Readings p.27
Additional Resources p.29

# INTRODUCTION

In order to provide sensitive care for the older adult, many similarities and differences must be recognized within each cultural group. Common characteristics of behaviour, expectations and responses are recognizable within German-speaking Canadians, and becoming familiar with these accepted norms will enhance the level of care for the older adults.

In this module, attention is given to verbal and non-verbal communication skills as well as to the adjustment to unfamiliar situations. It paves the way for accepting different degrees of disability and changes in behaviour, and often predictable psychological responses from older adults.

While the process of death and dying will vary between individuals, German-speaking older adults generally regard it as part of the life cycle. Patience and understanding will be required on the part of all those involved with the person passing through this phase.

When these culturally unique patterns are listed and explained, the worker will be better informed and consequently more able to facilitate the adjustment of the older adult. This module provides insight into the behaviour patterns and psychological responses of the older adult, and gives suggestions to the caregiver for enhancing understanding and care.

## GENERAL OBJECTIVES

UPON COMPLETION OF THIS MODULE, WITH RESPECT TO THE GERMAN-SPEAKING OLDER ADULT, YOU WILL BE ABLE TO:

(1) IDENTIFY VERBAL AND NON-VERBAL COMMUNICATION PRACTISES AND DIFFICULTIES.

(2) IDENTIFY THE CULTURAL BEHAVIOR OF PEOPLE HAVING TO ADJUST TO DISABILITY.

(3) IDENTIFY THE CULTURAL BEHAVIORS WHICH SURROUND, REACTION AND ADJUSTMENT TO A CHANGE IN LIVING ENVIRONMENT.

(4) UNDERSTAND THE CULTURAL BEHAVIOURS WHICH SURROUND DEATH AND DYING.

(5) DESCRIBE WAYS THE WORKER CAN HELP WITH ADJUSTMENT TO A DISABILITY OR CHANGE IN LIVING ENVIRONMENT.

The following section will present the verbal and non-verbal practises and difficulties, of the German-speaking Canadian older adult.

## COMMUNICATION

Upon completion of this section you will be able to identify verbal and non-verbal communication practises and difficulties.

### Verbal

Older German-speaking Canadian adults who have always been fluent in communicating their needs and feelings, are suddenly faced with a dilemma when they are placed in a new evironment. At this critical time, their greatest need is being listened to and understood. Both the caregiver and the older German-speaking adult will have to seek solutions to the problem of receiving messages accurately and providing suitable responses.

This section will deal with communication problems encountered by older adults whose first language is German. The problems may be compounded if the first language of communication is one of the many German dialects, such as forms of Austrian, Hutterite or Low German. The success of meeting the needs of the German-speaking Canadian older adult will depend largely upon the verbal and non-verbal skills of both the older adults and the caregiver.

It would be ideal if a person who spoke and understood German and its many related dialects could help with the orientation and establishment of routines in the home. Often questions and answers regarding accepted practices and preferences are difficult to communicate to someone not familiar with the working language or culture. Sensitive questions will initiate further conversation, which can eventually lead to mutual understanding and positive communication.

German-speaking Canadian older adults are generally serious and straightforward when asking questions or giving responses. Their expressions and words appear formal and businesslike, and there is a tendency to deal with important matters in a brisk, unemotional way. This may create the impression that there is tension or dislike on the part of the speaker which is probably not the case.

This serious manner of communication usually becomes more pronounced during the aging process.

It can become exaggerated to the point where those on the receiving end feel hurt, and as a result misunderstandings may arise. Being aware of this businesslike manner of discussion can eliminate any strained feelings between the people concerned. Listening carefully to the words of the older adult and trying to understand him or her is of great importance. The time for more relaxed communication will come after the business matters are disposed of.

It may take a while for German-speaking older adults to become accustomed to the casual approach employed by many caregivers. Initially, the older adults are not sure how to respond to joking and laughter. When they gradually adapt enough to be able to join in and accept the fun, easy communication with the attendants becomes positive therapy due to released tension and a congenial relationship.

## Non-Verbal

In communicating non-verbally, the German-speaking Canadian older adult is as reserved as when using verbal language. Great displays of affection remain as private as expressions of grief and anger. Since emotions are kept under control, it is not always easy to decode the messages.

For German-speaking older adults, communicating outside of the German community of friends and family is

ESSENTIALLY HANDLED IN A NON-VERBAL MANNER. AT GROCERY AND DEPARTMENT STORES, THERE IS LITTLE THAT NEEDS TO BE SAID. WAVES AND SMILES AT NEIGHBOURS ARE ACCEPTABLE AS SIGNS OF FRIENDSHIP, BUT ENTERTAINMENT IS GENERALLY RESTRICTED TO GERMAN-SPEAKING FRIENDS.

WHEN ILLNESS OR MISFORTUNE STRIKE SUDDENLY, THERE CAN BE SUDDEN CHANGES. FOR SUCCESSFULL COMMUNICATION OF THEIR NEEDS TO MEDICAL PERSONELL AN INTERPRETOR MAY BE REQUIRED. LOSS OR IMPAIRMENT OF SPEECH MAY NECESSITATE NON-VERBAL COMMUNICATION. EYE SIGNALS, NODS, POINTING, HAND MOVEMENTS AND OTHER GESTURES WILL FACILITATE COMMUNICATION.

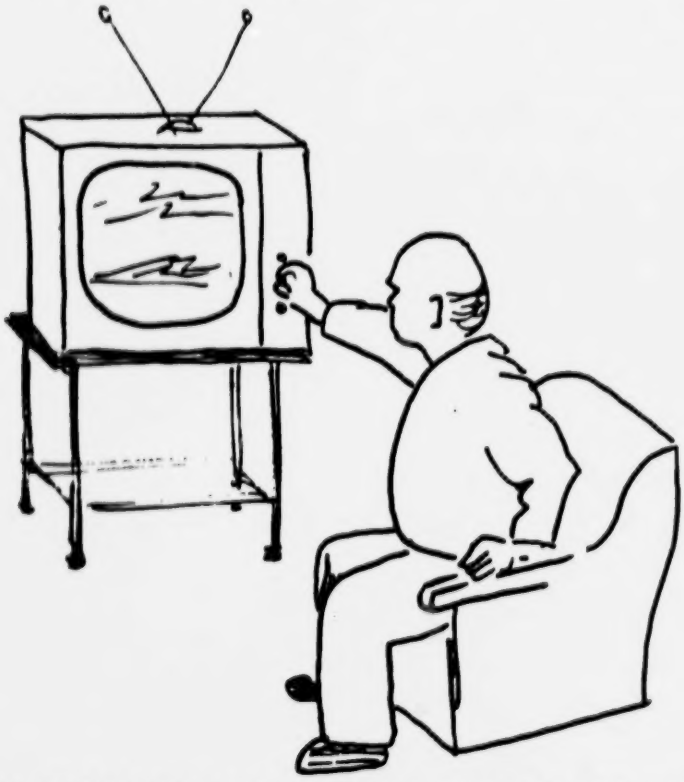
THE SMILES AND NODS OF AN OLDER ADULT, ESPECIALLY ONE WHO SPEAKS LITTLE, FREQUENTLY CONVEY MESSAGES OF THANKS OR ENCOURAGE ATTEMPTS AT FURTHER INTERACTION. SAD, DOWNCAST LOOKS AND STOOPED SHOULDERS MIGHT INDICATE THAT ALL IS NOT WELL, EITHER PHYSICALLY OR PSYCHOLOGICALLY. IT IS IMPORTANT THAT NON-VERBAL MESSAGES BE ACKNOWLEDGED.

OLDER GERMAN-SPEAKING ADULTS HAVE ALWAYS TAKEN GREAT PRIDE IN BEING INDEPENDENT AND STRONG. IT IS DIFFICULT FOR THEM TO ADMIT THAT THEY NEED ASSISTANCE, AND THEY WILL NOT ALWAYS INDICATE THE NEED FOR HELP OR ATTENTION. IT TAKES GREAT SENSITIVITY TO RECOGNIZE A FEAR OR A NEED IN AN OLDER ADULT, WHICH HAS NOT BEEN VERBALLY EXPRESSED.

GERMAN-SPEAKING OLDER ADULTS WILL RESPOND TO EYE

CONTACT OR SMILES WHEN MEDICATION IS BEING ATTENDED TO. THEY WILL OFTEN REACT POSITIVELY TO ATTENTION BEING GIVEN TO PICTURES AND PRECIOUS POSSESSIONS THEY HAVE ON DISPLAY. CARDS AND BOOKS AND LETTERS CAN BE READ AND RE-READ TO THEM. THEY WILL ENJOY DESCRIPTIONS ABOUT THE OUTDOORS - PLANTS, ANIMAL LIFE, SEASONAL CHANGES, PROGRESS, AND HAPPENINGS IN THE NEIGHBOURHOOD FAMILIAR TO THEM. REFRESHING BEVERAGES, FAVOURITE FOODS, SOOTHING COLD CLOTHS AND BACKRUBS ARE OFTEN APPRECIATED WHEN OFFERED.

TO COMPENSATE FOR THE LOSS OF VERBAL SKILLS, THE OLDER ADULT MAY WANT TO HEAR MORE FROM FAMILY AND FRIENDS, AND LISTEN TO MORE RADIO AND TELEVISION.



THE GERMAN-SPEAKING OLDER ADULT WHO RELIES UPON NON-VERBAL MESSAGES HAS MANY NEEDS THAT MUST BE MET. NUMEROUS CREATIVE RESPONSES CAN MEET THOSE NEEDS.

The following section will present the cultural behaviors surrounding the German-speaking older adults adjustment to disability.

## AJUSTMENT TO DISABILITY

**Upon completion of this section you will be able to identify the cultural behaviour of people having to adjust to disability.**

German-speaking Canadian older adults have developed some distinct patterns of response to the question of aging. The resources generally utilized in the adjustment to disabilities resulting from aging are their own perseverance and determination, plus the help of family, friends, church, community and special facilities provided for the purpose of fulfilling their needs.

The German-speaking older adult depends upon family to remain caring and loyal. Family help is an important factor in the adjustment to disabilities. Spending time with the older adult and attending to all of their financial, legal and business matters, provides infinite relief for her or him, eliminating a lot of worry. Special occasions and events are celebrated in whatever way possible, depending upon the older adult's disabilities. This helps retain continuity in their lives, and maintains their position in the family.

FRIENDS FROM THE COMMUNITY HELP TO FACILITATE THE ADJUSTMENT FOR THE OLDER ADULT BY CONTINUING TO SHOW LOVE AND CONCERN, EVEN THOUGH THE OLDER ADULTS ARE REMOVED FROM CIRCULATION. SINCE GERMAN-SPEAKING CANADIANS ENJOY GUESTS, VISITING SCHEDULES INSURE THAT THEY RECEIVE VISITS AT REGULAR INTERVALS. ORGANIZATIONS COMING TO SING OR SERVE TEA ARE ESPECIALLY APPRECIATED BY INVALIDS AND HOMEBOUND OLDER ADULTS.

FAITH IS A GREAT HELP IN THE ADJUSTMENT TO DIABILITIES. THE GERMAN-SPEAKING CANADIAN OLDER ADULTS DEPEND UPON THE CHURCH TO PROVIDE THE BASIS FOR FAITH BY PROVIDING SACRAMENTS, SPIRITUAL PROGRAMS, COUNSELLING AND UPDATED NEWS ON ACTIVITIES.

THE NEED TO BE A USEFUL AND WORTHWHILE PERSON CAN BE RECOGNIZED BY KEEPING THE OLDER ADULT INVOLVED IN CRAFTS AND RECREATIONAL ACTIVITIES AS LONG AS POSSIBLE. THERE IS GREAT SATISFACTION IN GIVING HAND MADE GIFTS AND SHARING HANDY-WORK WITH THOSE WHO COME TO VISIT.

CAREGIVERS PLAY AN IMPORTANT ROLE IN KEEPING DISABLED GERMAN-SPEAKING OLDER ADULTS PHYSICALLY COMFORTABLE AND MENTALLY SECURE. BY HAVING THEIR HEALTH CARE WORRIES TAKEN CARE OF, THEY ARE ABLE TO MAINTAIN THEIR DIGNITY.

ILLNESS AND THE SLOWING DOWN OF BODY FUNCTIONS IS AN EMBARRASSMENT TO OLDER ADULTS. GERMAN-SPEAKING CANADIANS PREFER TO CARRY THE BURDEN OF PHYSICAL AND

PSYCHOLOGICAL DISABILITY OR LOSS THEMSELVES. SUFFERING IN SILENCE IS A MATTER OF PRIDE FOR THE GERMAN-SPEAKING CANADIAN OLDER ADULTS, AND SHOULD BE RESPECTED. WITH THE HELP OF FAMILY, FRIENDS AND CAREGIVERS, THEY ARE ABLE TO ADJUST TO DISABILITIES WITH BRAVE DETERMINATION.

The following section will present the cultural behaviours surrounding a German speaking older adults reaction and adjustment to a change in living environment.

## ADJUSTMENT TO LIVING ENVIRONMENT

Upon completion of this section you will be able to identify the cultural behaviours which surround a reaction and adjustment to a change in living environment.

When a German-speaking Canadian older adult is unable to cope adequately within his or her environment, other arrangements must be made. One of the most traumatic is that of changing the place of residence.

When the yard work becomes too difficult, finances are confusing, meals are ignored and health deteriorates, friends and family will probably encourage relocation within the family or a move to an institution. In a family setting, the older adult may show little hesitation in making needs known. In an institution, the caregiver tends to see, hear and anticipate needs, especially if the adult is reluctant to express them.

The changes in lifestyle and living environment that follow often create unhappiness and serious problems of adjustment for the older adult. While the move itself from familiar surroundings may not cause a problem, problems can stem from fear of the unknown, the humiliation of admitting that help is needed, and the realization that life is nearing its end.

The older adult may express a preference to stay in his or her room, or show little interest in joining others in the dining room, sitting rooms or craft and entertainment areas. Many exhibit a basic

FEAR OF INTRUDING WHERE THEY ARE NOT WANTED. GERMAN OLDER ADULTS ARE BASICALLY SOCIALLY INCLINED, AND SHOULD BE ENCOURAGED TO BUILD RELATIONSHIPS WITH PEOPLE OTHER THAN THEIR OWN FAMILIES. WHEN RELUCTANT TO MIX WITH OTHERS, THERE IS THE POSSIBILITY THAT THE CONFINED OLDER ADULT MAY BECOME DEPENDENT ON A FEW GERMAN LANGUAGE TAPES AND RECORDS, LISTENING TO VISITING GROUPS, AND COMMUNICATION MAINLY WITH FAMILY AND CHURCH REPRESENTATIVES.

FOOD AND MEALTIMES ARE ENJOYED BY GERMAN-SPEAKING OLDER ADULTS AND OFFER OPPORTUNITIES TO SOCIALIZE. MEALS IN INSTITUTIONS CAN PROVIDE A FRIENDLY, INTERESTING TIME OF INTERACTION WITH OTHERS, OR THEY CAN BE A LONELY, UNINTERESTING NECESSITY. WITHDRAWING FROM MEALTIME INTERACTION WITH OTHER PERSONS CAN HAPPEN TO OLDER ADULTS IN FAMILY SITUATIONS, AS WELL AS IN INSTITUTIONS.

THE REASONS WILL VARY, BUT MAY INCLUDE EATING AND CHEWING DIFFICULTIES, HEARING PROBLEMS, DISINTEREST DUE TO DIMINISHING TASTE APPEAL OF FOOD OR GENERAL LETHARGY. IN ORDER TO ADJUST, THE OLDER ADULT HAS TO ACCEPT THE CHANGES RELATED TO AGING, OCCURRING IN HIS / HER BODY. FAMILY, FRIENDS AND CAREGIVERS ALSO MUST LEARN TO UNDERSTAND THESE CHANGES.

BECAUSE GERMAN-SPEAKING CANADIANS ARE VERY HOSPITABLE, THE OLDER ADULTS FIND INSTITUTIONS RATHER RESTRICTING. IN THE GERMAN CULTURE, INVITATIONS ARE OFTEN NOT NEEDED, AND, FRIENDS DROP IN WITHOUT BEING OFFICIALLY ASKED. OLDER ADULTS ENJOY THIS PRACTISE AND ARE USUALLY READY FOR GUESTS. UNANNOUNCED VISITING IS ESPECIALLY POPULAR IN THE RURAL AREAS DURING THE LONG WINTER EVENINGS AND ON SUNDAY AFTERNOONS.

THE INSTITUTIONAL SETTING ALLOWS LESS FLEXIBILITY FOR ENTERTAINING. OLDER ADULTS WORRY ABOUT NOISE LEVELS, NUMBERS OF GUESTS, TIMES AND DURATION OF VISITS AND OTHER RESTRICTIONS THEY FEAR MIGHT APPLY. THEY WORRY BECAUSE THEY ARE ANXIOUS TO ADHERE TO THE RULES OF THE ESTABLISHMENT, WHILE AT THE SAME TIME THEY WANT THEIR GUESTS TO FEEL WELCOME. THEY MAY NOT BE SURE OF THE AMOUNT OF FREEDOM THEY HAVE IN HOMES WHERE THEY ARE NOT IN CHARGE. CONCERN AND ANXIETY ARE CREATED WHEN THEIR READING AND SPEAKING SKILLS IN ENGLISH ARE NOT ADEQUATE ENOUGH TO MAKE THEM SECURE ABOUT ACCEPTABLE BEHAVIOUR.

THEY MIGHT FIND IT EASIER TO STAY WITHIN THE CONFINES OF FAMILIAR AREAS.

EVERY OLDER ADULT WISHES FOR AND DESERVES A POSITIVE EXPERIENCE WHEN THEY MOVE INTO AN INSTITUTION. LEAVING A FAMILIAR HOME TO BE PLACED IN THE CARE OF OTHERS WILL BE DIFFICULT AND THE ADJUSTMENT MAY TAKE TIME. PHYSICAL, SOCIAL AND PSYCHOLOGICAL FACTORS ALL PLAY A PART IN HOW THEY COME TO GRIPS WITH THE SITUATION AND CARRY ON WITH THEIR LIVES. CONFIDENCE IN THE INSTITUTION AND TRUST IN THE PEOPLE WITH WHOM THEY MUST DEAL ARE IMPORTANT ASPECTS, AS IS THE WILL OF THE INDIVIDUAL TO ACCEPT THE NEW WAY OF LIFE.

THE FOLLOWING SECTION WILL PRESENT THE CULTURAL BEHAVIOURS WHICH SURROUND DEATH AND DYING FOR A GERMAN SPEAKING OLDER ADULT.

## DEATH AND DYING

UPON COMPLETION OF THIS SECTION YOU WILL BE ABLE TO UNDERSTAND THE CULTURAL BEHAVIOURS WHICH SURROUND DEATH AND DYING.

THE PERSONAL ACT OF ONE PERSON'S DYING WILL AFFECT MANY PEOPLE. THE FACT THAT GERMAN-SPEAKING CANADIANS TRY TO CONFINE THEIR EMOTIONS TO A SMALL CIRCLE OF FAMILY AND FRIENDS DOES NOT MEAN THEY ARE ANY LESS AFFECTED. THEY DO, HOWEVER, HAVE SET BEHAVIOUR PATTERNS THAT APPLY TO ILLNESS AND DEATH. THESE PATTERNS ARE MADE UP OF CULTURALLLY PRACTISED RESPONSES, LEARNED AND MODELLED THROUGH MANY GENERATIONS, WHICH ARE STILL ACCEPTED AS THE NORM.

IN ORDER TO UNDERSTAND AND OFFER SUPPORT TO A DYING GERMAN-SPEAKING OLDER ADULT, IT IS HELPFUL TO KNOW WHAT THEIR EXPECTATIONS ARE REGARDING THIS TIME. MUCH MISUNDERSTANDING AND CONFUSION CAN BE ELIMINATED WHEN PEOPLE ARE AWARE OF THE CULTURAL ISSUES SURROUNDING ILLNESS AND DEATH.

It is generally accepted that the majority of people try to remain alive as long as possible, and German-speaking Canadians are no exception. Reaching a great old age is considered a challenge, while death becomes a wish only for those suffering from severe physical pain. In dying, as in living, there is a determination to remain controlled and dignified. This is an important attitude for the older adult, as well as for family, friends and caregivers.

The love and devotion of families towards their elders is shown by sensitive acts of caring. Groups of adults and children sit around the bedside of a loved one. They discuss, question, encourage, reminisce, or just sit in silence - an attitude prevalent in their community, family, neighbours, and church. The older adult is rarely neglected or ignored awaiting death.

The wish to see a pastor or priest, family or grandchildren may be expressed. There may be last requests with regard to legal matters or personal and family affairs. These will be respected and honoured. Personal possessions are often given to those who will carry on the tradition of the family. They may include collections, pictures, crafts, tools, jewellery, or anyother personal or valuable assets.

WHEN DEATH IS NEAR, THE EXTENDED FAMILY WILL PROBABLY JOIN THE IMMEDIATE FAMILY IN SAYING GOOD-BYE TO THE LOVED ONE. THEY WILL BE THERE TO COMFORT AND SUPPORT. THERE WILL BE TEARS AND SORROW, HUGS AND HANDSHAKES. THERE WILL BE THANKS, ALONG WITH PROMISES TO MEET AGAIN. IT IS INDEED A SOLEMN TIME FOR REFLECTIVE CONVERSATION AND THOUGHT.

THIS MIGHT ALSO BE THE TIME FOR SCRIPTURE TO BE READ, A FAVOURITE HYMN SUNG, OR PRAYERS SPOKEN TO COMFORT AND REASSURE THE DYING PERSON. RELIGIOUS FAITH TEACHES THAT DEATH IS A RELEASE FROM PAIN AND SUFFERING, THEREFORE IT IS BORNE WITH ACCEPTANCE, AND FEAR IS RARELY VOICED.

IT IS NOT UNUSUAL FOR OLDER ADULTS FACING DEATH TO BECOME VERY QUIET AND NON-COMMUNICATIVE. OTHERS WISH TO TALK AND HAVE PEOPLE AROUND ALL THE TIME. SOME MAY CHANGE THEIR MOODS FROM DAY TO DAY. BOTH REACTIONS ARE VALID. PSYCHOLOGICALLY, THERE MAY BE CONFLICT BETWEEN ACCEPTING DESTINY AND TRYING TO RETAIN CONTROL OF THE SITUATION.

IT IS NOT EASY TO GIVE UP LIFE, AND DEATH SHOULD NOT BE TAKEN LIGHTLY. GERMAN-SPEAKING OLDER ADULTS RARELY MAKE FUN OF SERIOUS MATTERS, AND THIS IS NOT THE TIME FOR TEASING AND JOKING. IT IS IMPORTANT TO MAINTAIN DIGNITY AND RESPECT RATHER THAN TO ENGAGE IN LIGHT COMMENTS. IN THE DYING, IT IS A MATTER OF PERSONAL DETERMINATION TO SUFFER IN SILENCE, ASK FEW FAVOURS,

AND APPROACH DEATH IN A DIGNIFIED MANNER. THE IMMINENCE OF THE DEATH OF A LOVED ONE IS NOT HIDDEN. CHILDREN, ADULTS AND THE DYING ARE PREPARED FOR THE INEVITABLE. SEEING AND TOUCHING THE DYING AND DEAD ARE NOT CONSIDERED MORBID, BUT RATHER AS ACTS OF LOVE.

THE OPENNESS ABOUT THE CONDITION OF THE GERMAN-SPEAKING OLDER ADULTS DOES NOT EXTEND TO THE COMMUNITY OR TO CASUAL ACQUAINTANCES. THERE IS A TENDENCY TO RESTRICT THIS PERSONAL EXPERIENCE TO CLOSE RELATIONSHIPS. PRIVACY IS OF THE UTMOST IMPORTANCE, AND THE RIGHT TO PRIVACY IS RESPECTED WHEN IN CONFERENCE WITH FAMILY, FRIENDS OR CLERGY. TIME MIGHT BE NEEDED FOR REFLECTIONS, PERSONAL SORROW, OR WORSHIP. ON THE OTHER HAND, THERE MAY BE TIMES WHEN BEING ALONE IS UNBEARABLE. THIS CAN BE ACCOMMODATED BY OPENING DOORS, TURNING ON LIGHTS, AND PLAYING SOFT MUSIC.

THE CLERGY PROVIDES A GREAT COMFORT AT THIS TIME, AND IT IS SUGGESTED THAT THEY BE AVAILABLE BOTH FOR FAMILY AND PATIENT. COUNSELLING, CONSOLING, ANSWERING QUESTIONS, GIVING ASSURANCE, PERFORMING LAST RITES, ARE ALL HELPFUL IN COMFORTING THE GRIEVING AND THE DYING.

WITHIN MOST CHURCHES THERE IS A REGULAR FORMAT THAT IS FOLLOWED AFTER DEATH. THIS MEANS THERE IS LESS FEAR AND CONFUSION SURROUNDING THE FUNERAL AND BURIAL. MUCH OF THE PLANNING MAY HAVE BEEN DONE WITH THE DYING OLDER ADULT CONTRIBUTING TO THE PLANS, WHO MAY HAVE BEEN

INVOLVED IN CHOOSING THE SPEAKER, HYMNS, SCRIPTURE PASSAGE AND BURIAL PLACE. THIS INVOLVEMENT CONFIRMS ACCEPTANCE OF THE DEATH TO COME. FAITH HAS ASSURED THE GERMAN-SPEAKING CANADIAN OLDER ADULT THAT DEATH IS AN EXTENSION OF LIFE.

THE FOLLOWING SECTION WILL PRESENT WAYS THE WORKER CAN FACILITATE ADJUSTMENT.

## WAYS THE WORKER CAN FACILITATE ADJUSTMENT

UPON COMPLETION OF THIS SECTION YOU WILL BE ABLE TO DESCRIBE WAYS THE WORKER CAN HELP WITH ADJUSTMENT TO A DISABILITY OR CHANGE IN LIVING ENVIRONMENT.

AGING IS A PART OF LIFE. WHEN LIFESTYLE CHANGES BECOME NECESSARY DUE TO AGING, HELP IS NEEDED WITH ADJUSTMENT. MANY PEOPLE WILL BECOME INVOLVED IN THIS PROCESS, INCLUDING THE FAMILY, FRIENDS, CLERGY AND HUMAN SERVICE WORKERS.

THERE WILL BE TIMES WHEN A SENSITIVE CAREGIVER WILL NOTICE SIGNS OF WITHDRAWAL OR RETREAT IN OLDER ADULTS. THIS SIGNALS THE NEED FOR A SENSITIVE AND APPROPRIATE RESPONSE. IT MIGHT MEAN LEAVING THE PERSON WITH HIS OR HER THOUGHTS OR ENGAGING HIM OR HER IN CONVERSATION ABOUT GENERAL TOPICS OF INTEREST. THERE COULD PERHAPS BE A FEW QUESTIONS RELATING TO FAMILY OR OCCUPATION, SOME ADVICE ASKED, OR PERHAPS THE CAREGIVER COULD SHARE A PERSONAL STORY OR RELATE AN INTERESTING INCIDENT. TEASING COMMENTS ABOUT AGE OR ILLNESS ARE NEVER APPRECIATED. REFERENCES TO PAST HISTORY MAY PROVE EMBARRASSING AND CAUSE THE OLDER ADULT TO WITHDRAW. IF DIALOGUE IS IMPOSSIBLE BECAUSE OF LANGUAGE DIFFICULTIES, THE WARMTH OF A SMILE OR SOME EASILY UNDERSTOOD BODY LANGUAGE MIGHT BE APPRECIATED. IF THERE SEEMS TO BE A NEED THAT IS NOT BEING MET, OR THE OLDER ADULT APPEARS FRUSTRATED, IT MIGHT BE HELPFUL FOR THE WORKER TO ASK FOR ADVICE OR TRANSLATION

FROM A GUEST OR FAMILY MEMBER.

IN ORDER TO MAINTAIN A SENSE OF SELF WORTH, OLDER ADULTS CAN BE ENCOURAGED TO KEEP BUSY AT TASKS THAT INTEREST THEM. MENDING, FIXING, ORGANIZING, FLOWER ARRANGING AND OTHER SMALL JOBS COULD BE INCORPORATED INTO THE DAY.

RECOGNITION OF BIRTHDAYS AND INVITIATIONS TO LUNCHES, OUTINGS, OR PROGRAMS WILL OFTEN BE THE THERAPY NEEDED TO MAKE OLD PEOPLE FEEL WANTED.

BEING NEEDED IS A POWERFUL INCENTIVE, AND CONVINCING THE OLDER ADULT THAT HE/SHE IS INDEED SPECIAL WILL REQUIRE CREATIVITY AND PERSERVERANCE. FOR THE WORKER, IT MAY BE REWARDED IN A WARM FRIENDSHIP. FOR THE OLDER ADULT, IT COULD MEAN A NEW LEASE ON LIFE.

IN MANY CASES, FAMILY WILL PROVIDE SOME OF THE SUPPORT. WHEN FAMILY AND FRIENDS LIVE LONG DISTANCES AWAY, AND VISITS ARE RARE, OR WHEN THE OLDER ADULT HAS SEEMINGLY BEEN ABANDONED BY EVERYONE FROM OUTSIDE THE INSTITUTION, THE CAREGIVER ON HAND WILL HAVE THE ADDED RESPONSIBILTY OF SEEING THAT NEEDS ARE MET. THIS MAY INCLUDE NOTIFYING FRIENDS, LAWYERS, CLERGY, AND SO ON.

FEW PERSONAL DEMANDS WILL BE MADE, BUT THE CAREGIVER CAN HELP THE OLDER ADULT FEEL MORE CONFIDENT AND PRESENTABLE BY SEEING THAT PHYSICAL NEEDS ARE MET. NEATLY COMBED HAIR, A SCRUBBED FACE AND CLEAN, SMOOTH CLOTHING AND BEDDING CAN DO WONDERS FOR THE MORALE OF SOMEONE EXPECTING GUESTS.

HOLIDAYS AND SUNDAYS DESERVE SPECIAL RECOGNITION. THE CONSIDERATION OF KEEPING CLEANING RITUALS AND PROCEDURES TO A MINIMUM WOULD BE GREATLY APPRECIATED. ATTRACTIVE CLOTHING AND CAREFUL GROOMING SHOW RESPECT FOR THE TRADITIONAL DAYS OF WORSHIP AND RELAXATION.

IT MAY BE DIFFICULT FOR THE GERMAN-SPEAKING CANADIAN OLDER ADULT TO ADMIT DEPENDENCY AND ASK FOR ASSISTANCE. MAKING A PHONE CALL OR READING THE DAY'S

MAIL CAN BECOME A WORRISOME ACTIVITY FOR OLDER ADULTS. THEY MAY WISH TO CONTACT A FRIEND, OR FIND AN ADDRESS, BUT MAY FIND THIS ALMOST IMPOSSIBLE ON THEIR OWN DUE TO FAILING EYESIGHT AND MEMORY PROBLEMS. THE PRESENCE OF PAIN OR DISCOMFORT MIGHT SEEM OBVIOUS TO THE CAREGIVER, BUT THE OLDER ADULT MIGHT BE RELUCTANT TO SHARE HIS/HER BURDEN. THE SENSITIVE WORKER NEEDS TO DEVELOP A SENSITIVITY TO THE MESSAGE GIVEN BY THE OLDER ADULT, AND BE ABLE TO DEAL WITH IT AS REQUIRED.

THE WORKERS OF AN INSTITUTION CAN OFFER HELP AND UNDERSTANDING WHEN CONFRONTED WITH THE DYING. EVEN THE MOST CONFIDENT OLDER ADULT CAN HAVE DIFFICULTY ADJUSTING TO DEATH. IF THE IMPENDING DEATH COMES SUDDENLY, THE OLDER ADULT MAY REQUEST OF THE CAREGIVERS TO RECORD PERSONAL MESSAGES OR MAKE PHONE CALLS. THE CAREGIVER CAN REMAIN PATIENTLY AND RESPECTFULLY AVAILABLE TO THE OLDER ADULT.

ALLOWANCES SHOULD BE MADE FOR FEARS AND INSECURITIES, SOME OF WHICH ARE EXPRESSED, OTHERS MERELY EVIDENT IN THE EYES, VOICE AND ACTIONS OF THE OLDER ADULT. PERHAPS THE ACTUAL FEARS WILL NEVER BE VERBALIZED, BUT RELIEF FROM ANXIETY CAN COME FROM THE COMFORT OF HAVING SOMEONE SYMPATHIZE. EVEN THOUGH THERE ARE LANGUAGE BARRIERS, CAREGIVERS WILL BE ABLE TO SOOTHE MANY OF THE FEARS OF THESE FRIGHTENED INDIVIDUALS. SINCE THEY WILL DEMAND LITTLE, IT IS

IMPORTANT THAT THEIR UNSPOKEN NEEDS BE MET.

WATCH FOR SIGNS OF BREAKDOWN OR DISTRESS. THIS MAY BE MOST APPARENT WHEN THE OLDER ADULT IS ALONE FOR A PERIOD OF TIME, OR PERHAPS IN THE STILLNESS OF NIGHT. POSITIVE, SUPPORTIVE COMMENTS FROM THE CAREGIVER WILL HELP IN MOST CASES.

THERE ARE TIMES WHEN THE OLDER ADULT WILL BE DESPERATE FOR CONVERSATION AND COUNSELLING. WHEN SPECIAL ATTENTION IS NEEDED, THE WORKER WILL REQUIRE PATIENCE TO UNDERSTAND THE FALTERING ENGLISH, AND WARMTH TO HELP GENERATE A FEELING OF TRUST.

## SUMMARY

THE PROGRESSION OF AGING FOR GERMAN-SPEAKING CANADIAN OLDER ADULTS INVOLVES NUMEROUS ADJUSTMENTS AND ADAPTIONS. THIS MODULE SPECIFIES MANY OF THE CULTURALLY ACCEPTED MODES OF BEHAVIOUR AND RESPONSE. COMMUNICATION, ADJUSTMENTS TO DISABILITY AND LIVING ENVIRONMENT, DEATH AND DYING, AS WELL AS WAYS THE WORKER CAN FACILITATE ADJUSTMENTS HAVE BEEN CONSIDERED.

THE BENEFITS OF BEING AWARE OF PROBABLE GERMAN-SPEAKING OLDER ADULT THOUGHT PROCESSES AND BEHAVIOUR WOULD INCLUDE BETTER UNDERSTANDING OF CERTAIN CONDUCT AND RESPONSE, FAMILIARITY WITH EXPECTATIONS, AND SOME INSIGHT INTO FEELINGS AND EXPLANATIONS FOR VARIOUS ACCEPTED PRACTISES. THE INFORMATION IS INTENDED TO ASSIST BOTH THE OLDER ADULT AND THE CAREGIVER IN THEIR WORKING RELATIONSHIP.

# APPENDIX

## Selected Readings


Becker, Ernest. (1973). *The Denial Of Death.* Macmillan Publishing, New York.

Bighbill, K. Charles. (1960). *The Challenge Of Leisure* Prentice Hall, New York.

Birnbaum, Jack. (1979). *Cry Anger* Paperjacks, Toronto.

Calder, Ann and Watt, Jill. (1986). *Taking Care* International Self-Counsel Press, Vancouver.

Campbell, Bozarth Alla. (1983). *Life Is Goodbye - Life Is Hello.* Comp-Care Publications, Minneapolis.

*Deutschkanadisches Jahibrich - German Canadian Yearbook* (1976-1986). (Ed.) H. Froschle. Historical Society of Meeklenburg, Upper Canada, Toronto, Try Book IV.

Dyck, C.J. (1981). *An Introduction to Mennonite History* Kitchener, Ontario:Herold Press.

Epp, Frank. (undated). *Mennonite Exodus* Altona, Manitoba D.W. Friesen & Sons, Ltd.

Francis, E.K. (1955). *In Search of Utopia:The Mennonites of Manitoba.* Altona, Manitoba, D.W. Friesen & Sons.

Friesen, J.John. (1944). *An Outline of Mennonite History* Newton, Kansas:The Herald Publishing Company.

Gerbrandt, Henry J. (1970). *Adventures in Faith* Altona, Manitoba:D.W. Friesen & Sons.

Gerbrandt, Henry J. (1986). *Postscript to Adventures in Faith* Winnipeg:CMBC Publications.

Hall, T.Edward. (1973). *The Silent Language* Doubleday Anchor Book, New York.

Kennedy, Eugene. (1983). *Loneliness And Everyday Problems* Doubleday Image Book, New York.

Lohrenz, Gerhard. (undated). "The Mennonites of Russia and the Great Commission" in *A Legacy of Faith* (Ed.) Cornelius J. Dyck, Newton, Kansas, Faith and Life Press.

Lohrenz, Gerhard. (1974). *The Mennonites of Western Canada* Steinbach, Manitoba:Derksen Printers.

## Selected Readings Continued


Maurer, M. Janet. (1986). How To Talk To Your Doctor Simon and Shuster, New York.

Mennonite Encyclopedia : Scottdale, Pennsylvania, Mennonite Publishing. Vol.I 1955, Vol.II 1956, Vol. III 1957 and Vol. IV 1959.

Nelson, Carl and Gruzalski, Bart. (1982). Value Conflicts In Health Care Delivery Harper & Row Publishers, Massachusetts.

Pauling, Linus. (1986). How To Live Longer And Feel Better W.H. Freeman and Co., New York.

Payne, Ernest A. (undated). The Anabaptists of the 16th Century and Their Influence in the Modern World. London:the Carey Kingsgate Press.

Ramsey, Paul. (1970). The Patient As A Person Yale University Press, New York.

Ross, Kubler Elizabeth. (1969). Death and Dying Collier Books - Macmillan Publisher, New York.

Rubin, Issac Theodore. (1984). Not To Worry - Family Book Of Mental Health Viking Press, New York.

Scheiber, William L. (1955). The Fate of Prussian Mennonites Goettingen.

Smith, C. Henry. (1974). The Story of The Mennonites Newton, Kansas, Mennonite Publication Office.

Toews, John B. (1971). Lost Fatherland Scottdale, Pennsylvania:Herold Press.

Vaughan, M.E. and Skinner, B.F. (1983). Enjoy Old Age W.W. Norton and Co., New York.

Wallace, D.M. (1980). Russia New York:Henry Holt & Co.

Warkentin, A. (undated). Extracts from Mennonite History Newton, Kansas.

## Additional Resources

Place: National Film Board of Canada
245 Main St.
Winnipeg, Manitoba, R3C 1A7

### Plain People

Filmed in the Mennonite community near Elmira, Ontario, this film portrait looks at an industrious people who live now much as they lived in the 1700s when they emigrated from Europe to Pennsylvania, and later to Ontario. The program provides a lattice-work of Mennonite history and philosophy, upon which it builds a rich visual portrait of contemporary Mennonite life.

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27 minutes:40 seconds 106C 0176 222

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### Waterloo Farmers

This film juxtaposes Old Order Mennonites and New Order Mennonites. Their differing beliefs are reflected in their methods of farming. One has not changed in 400 years; the other is up-to date and mechanized. The film asks whether a compromise will eventually have to be reached between the two. (Award:Santrem.)

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27 minutes:43 seconds 106C 0176 103

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ELDERLY SERVICE WORKERS' TRAINING PROJECT (ESWTP)

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A.1 Program Planning for Older Adults **
A.2 Stereotypes of Aging **
A.3 Human Development Aspects of Aging **
A.4 Social Aspects of Aging **
A.5 Physiological Aspects of Aging **
A.6 Death and Bereavement **
A.7 Psychological Aspects of Aging **
A.8 Confusion and the Older Adult **
A.9 Nutrition and the Older Adult **
A.10 Listening and the Older Adult **

**Block B: Cultural Gerontology**

B.1 Ukrainian Culture **
B.1.1 Communication and Adjustment *
B.1.2 Communication and Adjustment *

B.2 German Culture **
B.2.1 Communication and Adjustment *

B.3 French Culture *
B.3.1 Communication and Adjustment *

B.4 Native Culture *
B.4.1 Communication and Adjustment *
B.4.2 Communication and Adjustment *

**Block C: Work Environment**

C.1 Work Environment I *

**Resource Materials:**

Handbook of Selected Case Studies
User's Guide
ESWTP Authoring System
ESWTP Final Report

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